

PART B - FEE(S) TRANSMITTAL

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(Depositor's name)
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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/712,237	11/13/2003	Joseph Wayne Freeman	RPS920030150US1 (111)	8584

TITLE OF INVENTION: **REDUCING THE BOOT TIME OF A TCPA BASED COMPUTING SYSTEM WHEN THE CORE ROOT OF TRUST MEASUREMENT IS EMBEDDED IN THE BOOT BLOCK CODE**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	No	\$1510	\$300	\$1810	04/06/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS	04701/2009 MAHMED2 00000002 500563 10712237		
PERUNGAVOOR, VENKATANARAY	2432	713-002000	01 FC:1501 02 FC:1504	1510.00 DA 300.00 DA	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Jason O. Piche, Esq.

2 Steven M. Greenberg, Esq.

3 Carey Rodriguez Greenberg & Paul LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**INTERNATIONAL BUSINESS MACHINES
CORPORATION**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ARMONK, NY

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number **50-0563**

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

/Steven Greenberg/

Date

March 30, 2009

Typed or printed name

Steven M. Greenberg

Registration No.

44,725

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